



California Cardiovascular Disease Prevention Coalition

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HEART DISEASE AND STROKE AMONG LATINOS IN CALIFORNIA AND THE U.S.

DID YOU KNOW...

- ✍ Both in California¹ and nationwide,² heart disease and stroke kill more Latino men and women than any other disease;
- ✍ The Latino population is young (32% of Latinos in California are under the age of 18, as opposed to 20% of non-Latinos.³) Because the risk of developing heart disease and stroke rises with age, heart disease and stroke are expected to increase among Latinos over the next 20 years;^{3,4}
- ✍ Many Latinos are not aware of lifestyle changes that can prevent or control their risk of developing heart disease or stroke.⁵
- ✍ Many Latinos face problems that make it hard to adopt a “heart-healthy” lifestyle. For example: some can’t afford to see a doctor on a regular basis; language and cultural differences can make it hard to discuss health concerns with a health professional; and there is a lack of Spanish-language and culturally-appropriate health information.⁴

Multiple Factors Contribute to Heart Disease and Stroke Risk

Research shows that smoking, high blood pressure, elevated blood cholesterol, and lack of regular physical activity raise the risk of heart disease and stroke. Other factors, such as being overweight or having uncontrolled diabetes, also increase risk. Differences in risk factor profiles across ethnic groups may contribute to some of the differences in rates of heart disease and stroke.

IN CALIFORNIA:

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| <ul style="list-style-type: none">✍ Leisure-time physical inactivity is more prevalent among Latino men (70.4%) compared to White (50.2%), African American (54.2%), and other (44.1%) men.⁶✍ High blood pressure is more than twice as prevalent among Latino women in the San Bernadino/ Riverside region (35%) compared to Latino women in the Northern Bay Area (14.2%).⁶ | <ul style="list-style-type: none">✍ Obesity is more prevalent among Latino women (42.7%) than among any other race-gender group. In White women, the prevalence rate is 24.2%.⁶✍ Diabetes is prevalent 12.9% of Latinos. Only African Americans (14.7%) have a higher prevalence of this disease. (The rate among Whites is 4.3%) |
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? The term “Latino” is used here to refer to individuals of Central American, Cuban, Mexican, Puerto Rican, South American, Dominican, and Spanish Ancestry.⁵

WHAT CAN BE DONE TO PREVENT HEART DISEASE AND STROKE IN LATINO COMMUNITIES?

To avoid heart disease and stroke, people need to eat healthy foods and exercise regularly. Because we see lifestyle as a personal choice, health education to prevent heart disease and stroke has often focused on individuals. But individuals who try to adopt new habits on their own may have more trouble than those who have the support of their friends and family. This is why **researchers have found it more effective to educate entire communities about preventing heart disease and stroke than to focus on individuals.**⁴

A variety of strategies have been used to prevent heart disease and stroke in Latino communities. Some have involved **community leaders and volunteers** (also called *promotoras/promotores* or *consejeras*). Others focus on **specific places where community residents tend to gather**, such as churches, local health clinics, or social clubs. Another approach has been to **use local media** to enhance program outreach efforts.⁴

Some strategies that have been used in Latino Communities:

- ? *Salud Para Su Corazon* recruited an alliance of community members to address the heart-health needs of their community. Participants distributed educational materials and a newsletter, took part in community events and educational opportunities, developed networks, and conducted outreach to the media.⁷
- ? *A Su Salud* recruited volunteer community members to give out information on avoiding or quitting smoking, and to serve as role models in their communities. The media were used to disseminate information.⁸
- ? *Ayude Su Corazon* trained community volunteers to take blood pressure measurements and complete survey questionnaires. The project worked with area stores, schools, churches, and Spanish-language media to raise awareness of heart disease risk factors.⁹

Communities can also make changes that support heart healthy living, such as: transforming vacant lots into community gardens; linking neighborhood crime watch programs with walking clubs; getting involved in city land use planning; tapping unused economic potential in the neighborhood to create jobs; serving low-fat foods at community gatherings; and encouraging the use of alternative transportation (i.e. walking/ biking instead of driving.)

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 - 3 The California Endowment and California Healthcare Foundation. *The Health Status of Latinos in California*. Woodland Hills, CA. April 1997, p.30.
 - 4 National Heart, Lung, and Blood Institute. March 1996. *Latino Cardiovascular Disease Prevention and Outreach Initiative: Background Report*. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health.
 - 5 Vega WA, Sallis JF, Patterson T, Rupp J, Atkins C, Nader PR. Assessing knowledge of cardiovascular health-related diet and exercise behaviors in Anglo- and Mexican Americans. *Preventive Medicine* 16:696-709, 1987.
 - 6 Gazzaniga JM, Kao C, Cowling DW, Fox P, Davis B, Wright WE. Cardiovascular Disease Risk Factors Among California Adults, 1984-1996. CORE Program, University of California San Francisco and California Department of Health Services, Sacramento, CA 1998.
 - 7 National Heart, Lung, and Blood Institute. December 1998. *Salud Para Su Corazon*. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health Publication No. 98-3796.
 - 8 Ramirez AG, McAlister AL. Mass media campaign – A Su Salud. *Preventive Medicine* 17:608-621, 1988.
 - 9 Oto-Kent D, Lee M, Gonzalez D. Ayude Su Corazon: A health education project in rural California. *Journal of Health Education*. 22(5): 321-324, 1991.